

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

of Massachusetts / 2015 File With: 22 or Town Clerk or Election Commissi
Fill in Reporting Period dates: Beginning Date: Beginning Date: Ending Date: CIERCO OFFICE
Type of Report: (Check one) HAYERHILL, MA.
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
TRAY MOUND J. SIERPINA
Candidate Full Name (if applicable) Committee Name
HAVERHIII School Committee
Office Sought and District Name of Committee Treasurer
184 Kingsbury AVE
Residential Address Committee Mailing Address
Telephone Number (optional): 978 372 8369 Telephone Number (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report 203. 40
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: PENTUCKET BAWK
Affidavit of Committee Treasurer: Certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
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9: Total Receipt	ts over \$50 (or listed above)		
e 10: Total Receip	sts \$50 and under* (not listed above)		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
<u> </u>			
Line 9: Total Receipt	ts over \$50 (or listed above)		
ine 10: Total Receipts \$50 and under* (not listed above)			
	ECEIPTS IN THE PERIOD		
Ancii: IUIAL RE	ACITIS IN THE PERIOD	0	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report an expen	eport all expenditures. Please include your committee name and a page number on each page.)				
	To Whom Paid	! I			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
10/15/14	Santa Fund		Sepport	\$25	
			,		
				Tribution of the state of the s	
		Line 12: Total Expenditures over \$50 (or listed above)			
		Line 13: Total Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 25.— you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include solutions and include them in line 13. Line 13 should include solutions and include them in line 13. Line 13 should include solutions and include them in line 13. Line 13 should include solutions and include them in line 13. Line 13 should include solutions and include them in line 13. Line 13 should include solutions and include them in line 13. Line 13 should include solutions and include them in line 13. Line 13 should include them in line 13. Line 13 should include solutions and include them in line 13. Line 13 should include the line 13. Line 13 should include them in line 13. Line 13 should include the line 13. Line 13 should include th			125,-	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				-
				<u> </u>
	400000	·		
	Line 12: Expenditures over \$50 (or listed above)			
	Line 13: Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD f you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
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		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
Line 16: In-Kind Contributions			s \$50 & under (not listed above)	
	Enter on page 1. line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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			-	
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	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			